

CONFERENCE ABSTRACT

Clinical outcomes in people with type 2 diabetes before and after attending DESMOND and primary care providers' experiences of referring patients to DESMOND

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Background: DESMOND is an evidence-based structured group education programme which aims to prepare people with type 2 diabetes for a lifetime of self-management by motivating and sustaining them to engage in behaviour change. It has been delivered in Co Galway since 2007 with 1500 people having completed the programme. Little is known about the effectiveness of DESMOND on clinical outcomes (e.g. HbA1c, lipids) in an Irish setting. Although primary care providers refer their patients to DESMOND little is known of what primary care providers' knowledge and experiences of DESMOND are.

Aim: To compare clinical outcomes in people before and after attending DESMOND and to explore primary care providers' experiences of referring people to DESMOND and their knowledge of and attitudes towards DESMOND.

Methods: Clinical data (e.g. HbA1c, weight) was collected from 100 consenting participants prior to and 3 – 6 months after attending DESMOND during the time period September 2015-February 2016. Differences in clinical outcomes were measured using a paired sample two-tailed t test with a level of significance of 0.05.

Semi-structured interviews were conducted with 3 GPs and 6 practice nurses to explore their experiences of referring people to DESMOND and analysed using a thematic approach.

Results: The mean age of participants was 61 years and 51% were male. For participants with clinical data at both baseline and follow up at 3- 6 months, there was a statistically significant improvement in HbA1c, total Cholesterol, LDL, Triglycerides and blood pressure.

GPs/Practice nurses reported that attendance at DESMOND was generally good and they perceived that attendees self-managed their condition better following attendance. The most common barriers to attendance identified by primary care providers included transport and the time commitment involved.

Bourke; Clinical outcomes in people with type 2 diabetes before and after attending DESMOND and primary care providers' experiences of referring patients to DESMOND

GPs and practice nurses said that feedback from people who attended DESMOND was generally positive. More communication on DESMOND dates, more community venues, more information for primary care providers on what DESMOND covers and patient information leaflets were identified as ways that the DESMOND team could support GP practices in promoting DESMOND.

Discussion: DESMOND attendees have improved clinical outcomes and primary care providers perceive that attendees are better at self-managing their diabetes following attendance. On-going communication between the DESMOND team and general practice was identified as a way of supporting GP practices to promote DESMOND.

Conclusion: People who attend DESMOND have improved clinical outcomes. More effort could be made to promote attendance by on-going communication between the DESMOND team and general practices.

Lessons learnt: Primary care providers perceive that more communication between the DESMOND team and primary care would help them promote DESMOND more within their practices.

Limitations This was a longitudinal before and after study with no control group so we could not compare clinical outcomes in people who have attended DESMOND with a group that did not. Only a small number of GPs agreed to be interviewed due to the time commitment involved.

Future research: Future research on interventions to support general practice in promoting DESMOND to improve access and uptake of DESMOND would be useful.

Keywords: type 2 diabetes; self-management education; empowerment; clinical outcomes; general practice
